

| SCC eFile | 2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 212521623 | | | | |
|--|---|--|-------|------------|--------|---------|
| 1.) CORPORATION NAME: Praetorian Insurance Company | | DUE DATE: 6/30/2012 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802 | | SCC ID NO: F0410631 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY | | 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">CLASS</th> <th style="width: 50%;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>100,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 100,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 100,000 | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: PA | | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: Wall Street Plaza 88 PINE Street CITY/ST/ZIP: NEW YORK, NY 10005 </div> | | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | | |
| NAME: PETER MALONEY TITLE: SECRETARY ADDRESS: 88 PINE ST CITY/ST/ZIP/CO: NEW YORK, NY 10005 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | | | | |
| NAME: JODIE L BURTNETT TITLE: ASST SECRETARY ADDRESS: ONE GENERAL DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | | | | |
| NAME: HARVEY BAZAAR TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: GREGORY DEAL TITLE: DIRECTOR ADDRESS: 7333 SUNWOOD DRIVE CITY/ST/ZIP/CO: RAMSEY, MN 55303 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: ROD FARRELL TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: JAMES FIORE TITLE: DIRECTOR ADDRESS: 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |

| | | | |
|--|----------------------------------|---|--|
| NAME: | CHRISTOPHER FISH | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CFO | | |
| ADDRESS: | 88 PINE ST | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | MARC METCALF | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 88 PINE STREET | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | JOHN NEAL | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 88 PINE STREET | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | FRANCIS O'HALLORAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 88 PINE STREET | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | ANTHONY PRZYBYSZEWSKI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 88 PINE STREET | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | JOHN RUMPLER | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | CEO | | |
| ADDRESS: | 88 PINE ST | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | MIKE SCALA | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 88 PINE STREET | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10005 | | |
| NAME: | Christopher Davies | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 210 Interstate N Parkway, | | |
| | Suite 400 | | |
| CITY/ST/ZIP/CO: | Atlanta, GA 30339 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ JODIE L BURTNETT | JODIE L BURTNETT, ASST | 6/11/2012 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRETARY | DATE | |
| | PRINTED NAME AND CORPORATE TITLE | | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |